

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		2				
4		2				
5		0				
6		0				
7		0				
8		0				
9		0				
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18	1					
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50						
TOTAL IND.	6					
TOTAL DEP.	23					
TOTAL CLAIMS	29					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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